

**MANUFACTURED HOME RETAILER**  
**APPLICATION REQUIREMENTS**  
**FOR**  
**ADDITIONAL LOT/OUT OF STATE**

**Required information for an additional lot location**

- Completed Manufactured Home Retailer Application
- Certificate of Insurance (w/ Department of Housing as Certificate Holder)
- Copy of Certified Installer Card or Certified Manager for the lot location  
(Installer must be an employee of dealership pursuant to Manufactured Home Regulations  
NO CONTRACTORS)
- Copy of Kentucky Sales & Usage Tax Permit
- Copy of Lease or Copy of Deed
- List of who filled out application with their social security #, and a home phone #
- General Manager & Service Manager's Name
- \$250.00 fee payable to the **Kentucky State Treasurer**

**Required information for Out-of-State Manufactured Home Retailers**

- Completed Manufactured Home Retailer Application
- Certificate of Insurance (w/ Department of Housing as Certificate Holder)
- Copy of Certified Installer Card or Certified Manager for the lot location  
(Installer must be an employee of dealership pursuant to Manufactured Home Regulations  
NO CONTRACTORS)
- Copy of Kentucky Sales & Usage Tax Permit
- Copy of Lease or Copy of Deed
- Copy of your state's Manufactured Home Retailer License
- List of who filled out application with their social security #, and a home phone #
- General Manager & Service Manager's Name
- \$250.00 fee payable to the **Kentucky State Treasurer**

DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING SECTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405

**Application for Manufactured Home Retailer's License**  
**Additional Lot/ Out of State**

This application must be completed in detail and typewritten. No application will be reviewed unless the instructions herein are complied with. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application.

Applicant, as used in this application, means an individual operating in his/her name or under an authorized assumed name; two or more partners operating as a partnership or under an authorized assumed name; the officers and directors of the corporation operating under the corporate name or authorized assumed name, and any person with an ownership interest in the proposed business. The Manufactured Home Certification and Licensure Board must approve this application.

All licenses, unless renewed, revoked or suspended shall expire on December 31 of the calendar year for which they are granted. The license fee shall be \$250. The fee shall be paid by check or money order, payable to the **Kentucky State Treasurer**.

1. Check Each Type of Home Sales Applicable:

New Manufactured Homes	_____
Pre-Owned Manufactured Homes	_____
Mobile Homes ( <i>built prior to 1976</i> )	_____
Salvage Units (" <i>B2</i> " Seal)	_____

2. Revenue Cabinet Sales Tax Permit Number \_\_\_\_\_ Fed Tax ID Number \_\_\_\_\_  
A copy of Kentucky Sales Tax permit must accompany application.

3. Give Name of Retailer \_\_\_\_\_  
Corporate Name if applicable \_\_\_\_\_

(A) All applicants (sole proprietors, corporations, partnerships, etc. wishing to operate under an assumed name must attach a copy of an Assumed Name Certificate which can be obtained from the Secretary of State, along with proof of filing with the Secretary of State and county clerk.

(B) All corporations must furnish a copy of the Articles of Incorporation, along with proof of filing with the Secretary of State.

4. Credit Report- Obtain from Credit Agency. These agencies are listed in the yellow pages under Credit Reports. Persons needing to complete this information are: Sole Proprietors, General Partners in a Partnership and all Officers and Directors of a Corporation listed below:

5. Address of established place of business, as defined in KRS 227.550(5) and the applicable rules and regulations. (The mailing address and the actual address of the business must be the same). For mailing purposes, you may add a post office box number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Business Telephone # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email address: \_\_\_\_\_

6. Name of owner or partners (**all**). Owners, partners, or corporate officers indicate percent of business owned. The owners must equal 100%. If additional space is required, attach separate sheet.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Do you own the property occupied by the proposed retailer? \_\_\_\_ Yes \_\_\_\_ No  
If the property is not owned by the retailer, page HBC MH #2(H) must be filled completed, and a copy of the lease must be attached to this application. The lease must reveal the name(s) and address of the lessee and the lessor. If the property is owned a copy of the deed or an affidavit stating that you own the property must be attached.

Has the above described property been previously utilized as a manufactured/mobile home retailer, and if so under what name \_\_\_\_\_

8. Dimensions of display/storage center \_\_\_\_\_  
Dimensions of office \_\_\_\_\_

9. Is any other business operated on or from this location? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give nature of business \_\_\_\_\_  
Business name and owner(s) name \_\_\_\_\_

10. Effective January 1, 1998, each Manufactured and Mobile Home Retailer shall obtain at least one (1) person who has successfully completed the approved educational courses dealing with the installation of manufactured homes. **The certified installer/ certified manager must be an employee (not a contractor) as per 815 KAR25:060 Section 4(1).**

11. Certified Installer Name (on staff) \_\_\_\_\_ Certification # \_\_\_\_\_  
Certified Manager \_\_\_\_\_ Certification # \_\_\_\_\_

11. Description of Service

- A. Do you plan to perform your own:

_____	Service	_____	Maintenance (warranty work)
_____	Installation/set-up	_____	Transportation of homes

If so, briefly describe how this will be performed \_\_\_\_\_  
\_\_\_\_\_

Name of Employees: \_\_\_\_\_ Years of Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. Do you plan to engage independent contractors to perform:

_____	Service	_____	Maintenance (warranty work)
_____	Installation/set-up	_____	Transportation of homes

If you plan to contract any of the above, please provide a letter of agreement attached to this application for each independent contractor used. The letter of agreement shall include the contractor's company name, its principals, address and telephone number and any other type and number of any business or certifications that such contractors hold.  
**(Change of contractors or changes in letter of agreement must be submitted to the department with the effective dates of the changes)**

## **CERTIFICATE OF INSURANCE**

The retailer shall furnish and maintain with the department a Certificate of Insurance to certify proof of general liability insurance.

The general liability insurance shall be in the minimum amount of:

- **\$200,000 for bodily injury or death for each person**
- **\$300,000 bodily injury or death for each accident**
- **\$100,000 for damage to property**

Should any policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail thirty (30) days written notice to the certificate holder. The certificate holder on the dealership's Certificate of Insurance shall be:

**Department of Housing, Building and Construction  
Manufactured Housing Section  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405**

**CERTIFICATE TO DO BUSINESS UNDER ASSUMED NAME**  
**KRS 227.550 et al**

File with county clerk, of, if corporation, obtain required form from Secretary of State, and file with Secretary of State and county clerk.

**TO WHOM IT MAY CONCERN:**

This certifies that the business to be known as \_\_\_\_\_  
*(Name of Manufactured Home Retailer)*

\_\_\_\_\_ located in \_\_\_\_\_ County,  
*(Address of retailer)*

Commonwealth of Kentucky, is owned and operated by \_\_\_\_\_  
*(Name of Owner(s))*

\_\_\_\_\_  
*(Address of Owner(s))*

\_\_\_\_\_  
Signature & Title of Owner(s)

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Notary Public in and for the State and County indicated above, do  
certify that the foregoing instrument of writing was this date presented to me by \_\_\_\_\_,  
who delivered, signed and acknowledged same to be (his/her) act and deed.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of Filing

seal

